



Request for Reconsideration of Claims Adjudicator's Determination and, if Applicable, Appeal to the Referee – Employer

Claimant Information:

Last Name: _____ First Name: _____ MI: _____
SSN: _____ Employer Account #: _____
Employer Name: _____

The reconsideration process is governed by section 703 of the Illinois Unemployment Insurance Act and 56 Ill. Adm. Code 2720.160 Reconsidered Finding or Determination:

According to 56 Ill. Adm. Code 2720.160 Reconsidered Finding or Determination, an Adjudicator shall reconsider an original Finding or Determination at the written request of a party or upon receipt of new information relating to the original issues, if the request is received by the Agency within the following time limits:

- 1) In the case of a Finding, within 13 weeks after the close of the claimant's benefit year;
- 2) In the case of a Determination, within 1 year after the last day of the week for which the Determination was made, except that if the issue is whether or not the claimant misstated his earnings for the week or whether or not the claimant has been paid wages by reason of a back pay award made by any governmental agency or pursuant to arbitration proceedings or by reason of a payment of wages wrongfully withheld by an employing unit, within 3 years after the last day of the week [820 ILCS 405/703];
- 3) A Finding or Determination shall not be reconsidered subsequent to the filing of an appeal under Section 2720.200, except where the issue is newly discovered as to whether or not the claimant misstated his earnings, or unless the matter is remanded to the Adjudicator by a Referee, the Board of Review or a court.

According to the law, if your Request for Reconsideration becomes an Appeal as a result of the reconsideration process, this Request for Reconsideration must be filed within 30 days from the date after the letter of denial was mailed to you. If the last day for filing your appeal is Saturday or Sunday, or any other day the office is closed, the appeal may be filed on the next day the office is open. If you mail your appeal, it must be postmarked within the time limit. Please complete, sign and return this document to your Illinois Department of Employment Security Local Office as instructed. If you need additional space, please use the other side of this document, if appropriate, or attach a separate sheet of paper.

Section A: Reason for Request for Reconsideration

I disagree with the claims adjudicator's determination dated _____ regarding _____
because: _____ (Give all your reasons and facts)

Section B: Signature

Signature: _____ Date: _____
Name (printed): _____ Telephone Number: _____
Title: _____ Ext.: _____